

KANSAS VETERINARY CARE FORM

This form is valid for 1 year from the date signed by a licensed Veterinarian



Licensee Information				Veterinarian Information				KSA 47-1701 (dd)(1) Adequate Veterinary Care	
First Name		Last Name		First Name		Last Name		<p>(A) A documented program of disease control and prevention, euthanasia and routine veterinary care shall be established and maintained under the supervision of a licensed veterinarian, on a form provided by the commissioner, and shall include a documented on-site visit to the premises by the veterinarian at least once a year.</p> <p>(B) that diseased, ill, injured, lame, or blind animals shall be provided with veterinary care as needed for the health and well-being of the animal.</p>	
Business Name				Clinic Name					
								<p>Veterinary Acclimation Statement *</p> <p>In accordance with the Kansas Pet Animal Act, the following categories of dogs or cats must not be kept in outdoor facilities, unless that practice is specifically approved by the attending veterinarian: (a) dogs or cats not acclimated to the temperatures prevalent in the area or region which the animal is maintained (b) breeds of dogs or cats that cannot tolerate the prevalent temperatures of the area without stress or discomfort (such as short-haired breeds in cold climates) and (c) sick, infirm, aged or young dogs or cats. As the attending veterinarian, if you have given the approval of any of the above practices, specify below.*</p>	
Physical Address of Animals				Clinic Address					
City	State	Zip Code	County	City	State	Zip Code	County		
	KS								
Phone Number		Kansas License Number		Phone Number		Kansas License Number			
Indicate the Species on Premises: (mark all that apply) <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Rodents <input type="checkbox"/> Reptiles <input type="checkbox"/> Other Specify: _____				Emergency Care: Describe provisions for weekend and holiday care: 				Date required on-site visit completed on:	
Describe the vaccination protocol for this facility:		Describe the treatment plan for internal parasite control: (heart worms, intestinal worms)		Describe the treatment plan for external parasite control: (fleas, ticks, mites, lice, and flies)		* Approved acclimation protocol:		Euthanasia will be in accordance with the most current approved euthanasia methods by the AVMA panel on euthanasia and will be carried out by the following: <div> <input type="checkbox"/> Veterinarian <input type="checkbox"/> Licensee </div>	
								Describe the method of euthanasia used: 	

VETERINARY CERTIFICATION STATEMENT- by signing below, I certify that I am in compliance with KSA 47-1701 (dd)(1) shown above and have completed an on-site visit to the licensee's premises listed above. On-site visits must occur, at minimum, on an annual basis.

Veterinarian
Signature _____

Licensee
Signature _____

Date _____

Date _____